

DEPARTMENT OF THE NAVY

NAVAL FACILITIES ENGINEERING COMMAND 200 STOVALL STREET ALEXANDRIA. VA 22332

IN REPLY REFER TO 4335.70 Ser 024/98-121 30 April 98

From: Commander, Naval Facilities Engineering Command

To: Distribution List

Subj: CONTRACTOR PERFORMANCE ASSESSMENT REPORTING SYSTEM

(CPARS) (98-22)

Ref: (a) NAVFAC ltr dtd 26 March 1998 (9-98)

(b) NAVFAC ltr ACQ 024 dtd 22 Apr 98 (15-98)

Encl: (1) Navy CPARS Focal Point User Access Request Form

- 1. NAVFAC has officially adopted the CPARS Online database for maintaining past performance information for service and information technology contractors. It is located in the following homepage, http://www.nslcptsmh.navsea.navy.mil/cparsreq.htm. To begin using it, you must provide the CPARS focal point for each EFD/EFA/PWC.
- 2. All 02/200s, please take the lead in identifying a CPARS focal point that will be responsible for executing the responsibilities outlined in references (a) and (b). Both policy letters are accessible on the NAVFAC ACQ Home page. All POC nominations should be faxed to NAVFAC ACQ 024B using the enclosure (1) form. NAVFAC HQs will fill out Block 16 of the form and forward to CPARS Online administrator. If you have any questions, please contact Mr. Columbus Key at 703-325-7063, DSN 221, fax 703-325-0169, internet keycb@hq.navfac.navy.mil.

/s/
R. R. BOYER
Director, Acquisition

Distribution:

PACNAVFACENGCOM (00, 02, 16) LANTNAVFACENGCOM (00, 02, 16) NORTHNAVFACENGCOM (00, 02) SOUTHNAVFACENGCOM (00, 02, 16)

Subj: CONTRACTOR PERFORMANCE ASSESSMENT REPORTING SYSTEM (CPARS) (19-98)

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Copy to (w/encl):

PMAP TEAM

OASN (RD&A)

CECOS

NAVY CPARS FOCAL POINT USER ACCESS REQUEST FORM Page 1 of 2

The following information is required for access to systems maintained at NAVSEALOGCENDET PTSMH, Portsmouth, NH *** Fax completed forms to 703-325-0169 *** Forms may also be mailed to:

Naval Sea Logistics Center Detachment Portsmouth

	FOR NAVSEALOGCENDET PTSMH USE ONLY	
l. *	System Name:	
	Database Name:	
	User ID:	

80 Daniel Street, Suite 400, Portsmouth NH 03801-3884 Attention: ND734	User ID:	
User Information (To	SECTION A o be completed by the user requesti	ng access)
Type of Request: NEW UPDATE	☐ DELETE ☐ RENEW	Date:
Name: Last:	First <u>:</u>	MI:
Code:	DO	DDAAC:
SYSCOM/	☐ SPAWAR ☐ NAVFA☐ AIR FORCE ☐ MARINI	
Activity Head Title: Commanding Officer Activity Name:	☐ Commander ☐	Other
Phone Number: Comm.:	Ext.: DSN:	Fax:
Internet Access Information		
E-Mail Address:		
Network Manager Name or Technical POC:		
Phone Number: Comm.:	Ext.:	DSN:

SECTION B

User Agreement (To be Agreed to and signed by the CPARS Focal Point requesting access)

As a user of NAVSEALOGCENDET PTSMH maintained systems, I agree to comply with the terms/restrictions as listed below:

- 1. I understand that CPAR information is to be protected as "For Official Use Only, Source Selection Information -See FAR 3.104".
- 2. When I receive my password, I will refrain from disclosing it.
- 3. I will not access the system under a false name or password.
- 4. I will not circumvent the security features designed into the system.
- 5. I will not attempt to access files for which I do not have access privileges.
- 6. I will treat all information examined or extracted as "business sensitive" or "company confidential" data pertaining to the companies whose data is in the system.
- 7. I will not enter, retrieve, or process classified information.
- 8. I will not transmit or communicate data obtained from the system to any person, contractor employee or government employee, who does not have a specific need for the information.
- 9. I will properly mark, safeguard, and destroy all printout and magnetic media according to regulations.
- 10. I will use the system for Official Government Business only.
- 11. I will notify NAVSEALOGCENDET PTSMH when I no longer need my account and advise regarding disposition or disposal of database, software packages, and functional accounts.
- 12. I will notify NAVSEALOGCENDET PTSMH in case of any security incident.
- 13. I consent to the monitoring of my data and processes by NAVSEALOGCENDET PTSMH personnel.
- 14. I will not program function keys or use other capabilities to provide an automatic logon from my device.

I have read and understand the above agreement policy and guidelines. I understand that, if I or my User ID is suspect of misuse or abuse, investigation may be undertaken.

15.	Print Name (focal point)	Code	Signature	
16.	Print Name (program manag	er) Program	Signature	Date